

JUN 26 2007

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

15

Application No.	10/643,678
Filing Date	August 18, 2003
First Named Inventor	Sundeep M. Bajikar
Art Unit	2139
Examiner Name	Kent Williams
Attorney Docket Number	42P16632

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Fax Cover Sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	June 26, 2007

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being submitted electronically via EFS Web on the date shown below.

Typed or printed name	Wendi Lou Rostan		
Signature		Date	June 26, 2007

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ndc) 10/12/2006.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

JUN 26 2007

FEE TRANSMITTAL for FY 2006

Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 250.00)

Complete if Known

Application Number	10/643,678
Filing Date	August 18, 2003
First Named Inventor	Sundeep M. Bajikar
Examiner Name	Kent Williams
Art Unit	2139
Attorney Docket No.	42P16632

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments Charge fee(s) indicated below, except for the filing fee Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged. Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	27	- 22*	= 5	Extra Claims	X	Fee from below	= Fee Paid
Independent Claims	3	3**	= 0		X	50.00 = 200.00	\$0.00
Multiple Dependent							

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	780	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$ 250.00)

**or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,690	2254	795	Extension for reply within fourth month
1255	2,180	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)
1808	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	365	Filing a submission after final rejection (37 CFR § 1.128(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.128(b))

Other fee (specify)

SUBTOTAL (2)

Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature				Date	06/26/07

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (W) 02/28/2007.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/643,678
 1st Named Inventor : Sundeep M. Bajikar
 Filed : August 18, 2003
 Docket No. : 42P16632

Confirmation No. : 4611
 Art Unit : 2139
 Examiner : Williams, Kent L.
 Customer No. : 8791

RESPONSE TO OFFICE ACTION

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed March 26, 2007, the Applicants respectfully request that the Examiner enter the following amendments and consider the following remarks.

CERTIFICATE OF TRANSMISSION (37 CFR 1.8A)

I hereby certify that this correspondence is, on the date shown below, being transmitted by facsimile to the Patent and Trademark Office.

Wendi Lou Rostan
 Wendi Lou Rostan

Date

06/27/2007 TL0111 00000034 022666 10643678
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App. No. 10/643,678
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- 1 -

Dkt. No. 42P16632